

GRIFFIN-SPALDING COUNTY SCHOOL SYSTEM

Direct Deposit Authorization

****Attach either a voided check or a direct deposit statement from your bank showing routing number and account number****

EMPLOYEE NAME: LAST:	FIRST:	MI:
SOCIAL SECURITY NUMBER:		
SCHOOL/DEPARTMENT:	POSITION:	
HOME ADDRESS: STREET:		
CITY:	STATE:	ZIP:
PHONE NUMBER:	DATE OF BIRTH:	

Bank Account Information

You must identify if this a Checking Account or a Savings Account

BANK NAME:		
BANK ADDRESS: STREET:		
CITY:	STATE:	ZIP:
Choose the correct account type:		
Checking Account#:	Savings Account#:	
Bank Routing#:		

EMPLOYEE AUTHORIZATION

The Griffin-Spalding County School System is authorized to deposit my net pay automatically to my bank account listed above each pay period.	
Once set up, I am able to log into the Employee Self Service portal and make any changes 10 days before the current month's payroll.	
SIGNATURE OF EMPLOYEE	DATE
_____	_____

When completed, return this form and either a voided check or a direct deposit statement from your bank showing the routing and account numbers to:

Human Resources / Finance Department

For office use only.

Received by _____ Date _____